## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583034

APPLICANT(S)

FILING DATE

**CLAIMS** 

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 TAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	0	<b>+</b>	14	<b>+</b>	0	<b>←</b>
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PTO - 1360 (REV. 04/2007)

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	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL DEP.	0	<b>←</b>	0	<b>—</b>	0	<b>4</b>
TOTAL	0		0		0	
CLAIMS		U.S. DEPAR	O TMENT of C	OMMERCE	0	**************************************

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